MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3676 **CERTIFICATE OF DEATH** Reg. Dist. No. 045776

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND — LENGTH OF STAY (in this place) 2 DAYS	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRELLIN
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print)	(First) SAMUEL	(Middle) FRANKLIN	(Last) BOWMAN	4. DATE OF DEATH:	(Month) APRIL	(Day) 12	(Year) 1954
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: FEBRUARY 14, 1877	9. AGE last birthday: 77 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY: RETIRED CARPENTER	11. BIRTHPLACE (State or foreign country): WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U. S.				
13. FATHER'S NAME: JOHN BOWMAN,	14. MOTHER'S MAIDEN NAME: SUSAN CATHERINE MILLER						
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: 214-14-7883	17. INFORMANT & ADDRESS: MR. CHARLES H. BOWMAN, JOHNSTOWN, PENNA.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

434.1

Immediate cause (a) Left heart failure — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) chronic congestive heart failure — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to Apr 12, 1954, that I last saw the deceased alive on Apr 12, 1954, and that death occurred at 9:23 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J. Crosby MD — ADDRESS Oakland Md — DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April-14-1954 — NAME OF CEMETERY OR CREMATORY Oakland — LOCATION (City, town, or county) Oakland Md (State)

DATE REC'D BY LOCAL REGISTRAR 4/13/1954 — REGISTRAR'S SIGNATURE Julia A Rowan LR — 24. FUNERAL DIRECTOR Emroy Bolden — ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05577

CERTIFICATE OF DEATH

3677

Reg. Dist. No. 16 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural give location) BOX 188

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) LOUISE (Last) BUCKLEW

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: AUGUST 12, 1924

9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): UNEMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UNIONTOWN, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ZIMMERMAN, LEE

14. MOTHER'S MAIDEN NAME: MILLER, BEATRICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-30-8119

17. INFORMANT & ADDRESS: BOX 188 CATHERINE LOUISE BUCKLEW, MT. LAKE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) UREMIA, terminal - 10 days — Interval Between Onset And Death

592 X

Immediate cause (b) Chronic Glom. Nephritis — 20 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (c) Hypertension (Known 2 or 5 yrs)
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis of face & was prior to death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to April, 1954, that I last saw the deceased alive on 4-17, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James H. Smith, M.D. 58 2nd St Oakland, Md 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 20-1954
NAME OF CEMETERY OR CREMATORY Oakland
LOCATION (City, town, or county) (State) Oakland Md

DATE REC'D BY LOCAL REGISTRAR 4/20/54
REGISTRAR'S SIGNATURE Julia A. Howard LR

24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

RECEIVED
JUN 21 1954
BUREAU V. S.

MARYLAND 3678

03669

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Friendsville Md

STREET ADDRESS (If rural, give location) Rural Route # 1

3. NAME OF DECEASED (Type or Print) (First) John (Middle) BEESON - (Last) BURGESS

4. DATE OF DEATH (Month) apr (Day) 25 (Year) 1954

5. SEX M | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 1-5-1879 | 9. AGE last birthday 75 yrs. | If under 1 year Months Days | If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY agriculture | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Harrison Burgess | 14. MOTHER'S MAIDEN NAME Elizabeth Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Walter Burgess - Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April 25, 1954, that I last saw the deceased alive on apr. 25, 1954, and that death occurred at 11 45 P. m., from the causes and on the date stated above.

SIGNATURE Milton Tepfer, (Degree or title) M.D. ADDRESS Friendsville, Md. DATE SIGNED April 27, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 4-29-1954 | NAME OF CEMETERY OR CREMATORY SAND SPRING. Cem | LOCATION (City, town, or county) Friendsville, Garrett (State) Md

DATE REC'D BY LOCAL REG. April 28, 1954 | REGISTRAR'S SIGNATURE Kathryn Fike | 24. FUNERAL DIRECTOR W. H. Rodahaver - Marklesburg Pa. ADDRESS

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND 3679

03670
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Garrette — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident Md
STREET ADDRESS (If rural, give location) R.D. # 1 Rural.

3. NAME OF DECEASED (Type or Print): (First) Lyman (Middle) L (Last) Enlow
4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 4 1889
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Sangren Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Ruffin Enlow
14. MOTHER'S MAIDEN NAME: Anna Savage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. 390-03-4116
17. INFORMANT AND ADDRESS Helen L Enlow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion 260 X	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	8 yrs.
	(c) Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 7, 1952, to JUNE 14, 1952, that I last saw the deceased alive on JUNE 14, 1952, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton Pepper, M.D. Friendsville, Md. April 24, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE apr 25-54
NAME OF CEMETERY OR CREMATORY Sangren Cmetery
LOCATION (City, town, or county) (State) Friendsville-Garrett Md

DATE REC'D BY LOCAL REG. April 25.1954
REGISTRAR'S SIGNATURE Kathryn Pike
24. FUNERAL DIRECTOR ADDRESS W.H. Rodabaugh Markleysburg Pa

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03671

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3680

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Jane	Gilpin	April	1	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	1-17-1867	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House Wife	None	Rural Grantsville Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Othey Fazenbaker	Myria Merrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	None	Joseph Gilpin, R.D.2, Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. L. Baum Zortner	M.D.	Oakland Md	Apr 1-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-3-1954	North Glade Cemetary	Rural Swanton Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 2/54	Esther Broadwater	Albert Winterberg	Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04579

4600

CERTIFICATE OF DEATH

Reg. Dist. No. 766

1. PLACE OF DEATH:
COUNTY GARRETT MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL MT LAKE PARK MD
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL MT. LAKE PARK MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LILLIAN (Last) GLOTFELTY

4. DATE OF DEATH: (Month) APRIL (Day) 26 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY.-11-1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WHITE CHURCH MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: SAMUEL STOVER
14. MOTHER'S MAIDEN NAME: ISABELLE RILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: WILLIS GLOTFELTY MT. LAKE PARK MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Myocardial Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 year

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio Sclerosis — 7 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1947, to April 26, 1954, that I last saw the deceased alive on....., 19....., and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: A. E. Maurer (DEGREE OR TITLE) MD ADDRESS: Oakland Md DATE SIGNED: 28 Apr 54

23. BURIAL, CREMATION REMOVAL, (Specify): BURIAL
DATE THEREOF: APRIL-29-1954
NAME OF CEMETERY OR CREMATORY: WHITE CHURCH
LOCATION (City, town, or county) (State): NEAR MT. LAKE PARK MD.
DATE REC'D BY LOCAL REG.: 4/28/54
REGISTRAR'S SIGNATURE: Julia A Rowan LR
24. FUNERAL DIRECTOR: Emrop Boldm Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1954
BUREAU V. S.

03672

MARYLAND

STATE DEPARTMETT OF HEALTH

3681

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH- COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton — LENGTH OF STAY (in this place) 33yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethel- Rt.#3	STREET ADDRESS (If rural, give location) Bethel- Rt#3

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Susan	(Last) Goodwin	4. DATE OF DEATH	(Month) April	(Day) 21,	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov.18,1893	9. AGE last birthday 60 yrs.	If under 1 year Months 5	Days 3	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cross, W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Seymour Welch	14. MOTHER'S MAIDEN NAME Tacy Jane Walters						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs.Oda Farris,Westernport,Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

26CX

Immediate cause (a) Coronary occlusion — 12 hr?

Antecedent cause(s) (b) Chr Myocarditis - arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19....., to Apr 21, 1954, that I last saw the deceased alive on Apr 19, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R W Reeves MD (Degree or title) ADDRESS Westernport Md DATE SIGNED

23. BURIAL, CREMATION (Specify) Burial	DATE 4/24/54	NAME OF CEMETERY OR CREMATORY Virts Cemetery	LOCATION (City or county) R#3, Swanton Bethel, Garrett Co, Md. (State)
DATE REC'D BY LOCAL REG. 4/24/54	REGISTRAR'S SIGNATURE A W Barrick	24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va.	ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03674

3682 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland — LENGTH OF STAY (in this place) 72 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Oak St.	STREET ADDRESS (If rural give location) 54 Oak St.

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) Madaline (Last) Martin

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	10/24/1881	72 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Martin	Ellen Graham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		-----	Mrs. William Biddle Parkersburg, W. Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Regeneration — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza — 6 wks

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 9, 1954, to Apr 7, 1954, that I last saw the deceased alive on Apr 6, 1954, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE E. J. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/10/1954	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 4/10/54 REGISTRAR'S SIGNATURE Julia A. Rowan L.R. 24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04581

3683 CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hutton
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mile East of Hutton,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hutton
STREET ADDRESS (If rural give location) 1 Mile East Hutton,

3. NAME OF DECEASED: (Type or Print) (First) Santford (Middle) Alexander (Last) Moon

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 2/19/1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country). Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Garrett V. Moon

14. MOTHER'S MAIDEN NAME: Jane Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: Boyd Hardesty Hutton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arteriosclerotic Cardio Vascular Disease-years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis (Upper Resp. Infection) 9 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Apr, 1954 to 17 Apr, 1954, that I last saw the deceased alive on 17 Apr, 1954, and that death occurred at 11:30 A M, from the causes and on the date stated above.

SIGNATURE Thomas J Cushy M. D. (Degree or title) ADDRESS Oakland Md. DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/21/1954

NAME OF CEMETERY OR CREMATORY Thos. Moon Cemetery

LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE RECD BY LOCAL REGISTRAR 4/22/54

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton

ADDRESS Oakland, Md.

LP

VS. A15

RECEIVED
JUN 1 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03676

3684 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 21 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) I. (Last) Mott

4. DATE OF DEATH: (Month) April (Day) [illegible] (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. [illegible], 1866
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: Retired Soldier
11. BIRTHPLACE (State or foreign country): Longhorne, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) 1905-31
16. SOCIAL SECURITY No.: 406 28 6936
17. INFORMANT & ADDRESS: Virginia Wike, 517 S. 14th St. Harrisburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1954, to Apr. 2, 1954, that I last saw the deceased alive on Apr. 2, 19....., and that death occurred at 12.10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
A. E. Mann MD Oakland Md 30 Apr 54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 4/1/54 NAME OF CEMETERY OR CREMATORY Pleasant Valley LOCATION (City, town, or county) (State) near Mt. Lake Park, Md.

DATE REC'D BY LOCAL REG. 4/4/54 REGISTRAR'S SIGNATURE Julia D. Rowan L.R.
24. FUNERAL DIRECTOR Emroy Boldin ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 20 1954
BUREAU V. S.

04583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3685

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland X
LENGTH OF STAY (in this place) 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 21st. Bridge. 01X-2
STREET ADDRESS (If rural, give location) Near Keyser, W.Va. ✓

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) (Last) Ravenscroft
4. DATE OF DEATH (Month) 4/ (Day) 17/ (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12/24/1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isiah Dayton,
14. MOTHER'S MAIDEN NAME Rebecca Fitter Dayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Earnest Dayton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arteriosclerotic cardio-vascular disease (year)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple cerebro-vascular accidents

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, Cong. Heart Failure

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Feb, 1954, to 17 Apr 1954, that I last saw the deceased alive on 15 Apr, 1954, and that death occurred at 12:20 P. m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby MD (Degree or title) ADDRESS Oakland Md DATE SIGNED 4/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/19/54 NAME OF CEMETERY OR CREMATORY Dayton LOCATION (City, town, or county) 21st. Bridge (State) Md.

DATE REC'D BY LOCAL REG. 4/19/54 REGISTRAR'S SIGNATURE Julia G Towan L.R.
24. FUNERAL DIRECTOR B W Mashburn ADDRESS Keyser W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05584

3686 **CERTIFICATE OF DEATH**

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Oakland
LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Oakland, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Rolf

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 12, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 7 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Red House, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rolf
14. MOTHER'S MAIDEN NAME: Catherine Beckman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Woodrow Rolf, Oakland, Md. Rt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arteriosclerotic Cardio Vascular Disease Yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis Bronchitis

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Apr, 1954, to 20 Apr, 1954, that I last saw the deceased alive on 17 Apr 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 23/54
NAME OF CEMETERY OR CREMATORY Red House
LOCATION (City, town, or county) (State) near Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR April 23/54
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Emroy Golden Oakland Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1954
BUREAU V.